SELECTIVE SERVICE SYSTEM REGISTRATION FORM

DO NOT WRITE IN THIS SPACE

PRINT ONLY IN BLACK INK AND IN CAPITAL LETTERS ONLY

	DATE OF BIRTH: (MM-DD-YYYY)											SEX: (Mark with "X")								SOCIAL SECURITY ACCOUNT NUMBER													
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	LAST NAME																				SUFFIX: (Mark with						"X") OTHER SUFFIX						
4																									JR		Ш]					
	FIRST NAME & MIDDLE NAME																		_		_			-									
5	CURI	RENT	MAIL	-ING /	ADDR	RESS	: STR	EET.	ADDR	ESS	& AP/	ARTM	IENT	NUM	BER			Τ	I														
	CITY																								STATE			ZIP CODE					
6	TODA	AY'S	DATE	: (MN		**** - [7)												•[1.4	\FFI	IRM '	THE	FOR	EGOI	NG S	TATE	MEN	TS AI	RE TR	UE	
	SSS FORM 1M (JAN 02) OMB APPROVAL 3240-0002															SIGNATURE INT																	

....CUT OFF THIS PORTION BEFORE MAILING....

How To Complete This Form:

Print Your Information in BLACK INK and in CAPITAL LETTERS ONLY.

- **Block 1.** Print your date of birth. Use a two number designation for the month and day and use a four-number designation for the year.
- Block 2. Place an "X" in the correct box.
- Block 3. If you have a Social Security Number, it is mandatory that you include this information. If you don't have one, leave this block blank.
- **Block 4.** Print your full legal name as outlined on the card. Include any suffix in the designated box.
- Block 5. Print your current mailing address as outlined on the card. Use the two-letter State abbreviation and enter your ZIP code.
- Block 6. Enter today's date. Use a two-number designation for the month and day and use a four-number designation for the year
- Block 7. Sign your name in this box.

Mail this form to:

<u>Selective Service System</u> <u>P.O. Box 94732</u> <u>Palatine, IL 60094-4732</u>